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SERIAL NUMBER 10/790,378	FILING DATE 03/01/2004 RULE	CLASS 606	GROUP ART UNIT 3731	ATTORNEY DOCKET NO. 2485 CIP CON 7 (203-3394)
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APPLICANTS

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**** CONTINUING DATA *******

This application is a CON of 10/238,108 09/09/2002 PAT 6,764,497
 which is a CON of 09/873,930 06/04/2001 PAT 6,447,529
 which is a CON of 09/039,548 03/16/1998 PAT 6,013,090
 which is a CON of 08/824,676 03/26/1997 PAT 5,814,060
 which is a CON of 08/631,221 04/11/1996 PAT 5,690,668
 which is a CIP of 08/267,484 06/29/1994 PAT 5,601,589

**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 05/19/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged	CA	13	17	1
Examiner's Signature	Initials			

ADDRESS

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TITLE

Extraluminal balloon dissection

<p>FILING FEE RECEIVED 770</p>	<p>FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:</p>	<table border="1"><tr><td><input type="checkbox"/> All Fees</td></tr><tr><td><input type="checkbox"/> 1.16 Fees (Filing)</td></tr><tr><td><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)</td></tr><tr><td><input type="checkbox"/> 1.18 Fees (Issue)</td></tr><tr><td><input type="checkbox"/> Other _____</td></tr><tr><td><input type="checkbox"/> Credit</td></tr></table>	<input type="checkbox"/> All Fees	<input type="checkbox"/> 1.16 Fees (Filing)	<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)	<input type="checkbox"/> 1.18 Fees (Issue)	<input type="checkbox"/> Other _____	<input type="checkbox"/> Credit
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